

JOHN P. CAMACHO, Director

MARIE M. BENITO, Deputy Director Segundo Direktot

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

BUSINESS PRIVILEGE TAX BRANCH Annual Information Return for Tax Exempt Persons

For Year	Ending		
Name of Person		Nature of Business	
		Non-Profit Organization	
Required under §26110(c), Chapter 26, Artic	le 1. Title 11 &	§14102. Chapter 14. Title 18 of	the Guam Code Annotated:
Source of Income		is of Exemption Authorized	Gross Receipts for the Year
Total			
If any person was paid by the business or transaction, please fill in the schedule provided		during the period for concession	on or for any kind of business
tidilodottori, picase illi ili tile sorieddie provided	i ilorodi idor.		
Name of Person	Nature of Payn	nent	Amount
		nent	Amount
Name of Person	Nature of Payn	nis return including any accompa	anying schedules or statements
Name of Person Total DECLARATION: I declare, under penalty of	Nature of Payn	nis return including any accompa	anying schedules or statements
Total DECLARATION: I declare, under penalty of has been examined by me, and to the best of the second seco	perjury, that the	nis return including any accompa and belief is a true, correct and co	anying schedules or statements omplete return. Date
Total DECLARATION: I declare, under penalty of has been examined by me, and to the best of a Signature IMPORTANT NOTICE: An annual information returns.	perjury, that the my knowledge a	nis return including any accompa and belief is a true, correct and co	anying schedules or statements omplete return. Date

Post Office Box 23607, Guam Main Facility, Guam 96921 • Tel. / Telifon: (671) 635-7699 • Fax / Faks: (671) 633-2643